PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/518,003			ing Date 14/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO.	N/A		N/A	TLE (0)	i	N/A	TLE (0)	
	SEARCH FEE		N/A		N/A		N/A		1	N/A		
	(37 CFR 1.16(k), (i), (ii) EXAMINATION FE	E	N/A		N/A		N/A		1	N/A		
	(37 CFR 1.16(a), (p), (TAL CLAIMS CFR 1.16(i))	or (q))	minus 20 =				x \$ =		OR	x s =		
INE	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	etion and drawinger, the application for small entity) sheets or fraction (1)(G) and 37	n size fee due for each n thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APPI	OED - PART II	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
AMENDMENT	08/04/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 10	Minus	·· 20	= 0	1	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 5	Minus	•••5	= 0	1	X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =		
ă	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients in estimated to the size 2 minutes to complete, exidently gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent to the Child information of Direc. U.S. Patient and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O., Box 1450, Havandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS